

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EARL ANDERSON  
317-265  
MANSFIELD CORR. INST  
P.O. BOX 788  
MANSFIELD, OH 44901-1368

2. Article Number  
(Transfer from service label)

7001 2510 0008 6349 5689

A. Signature  
☒ X *[Signature]* ☐ Ag ☐ Ad

B. Received by (Printed Name) C. Date of  
*Gary Nesbrom* *1/15*

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

OFFICE OF THE CLERK  
U. S. DISTRICT COURT  
Rm. 324 U. S. Courthouse  
5th & Walnut Streets  
Cincinnati, Ohio 45202

C-1-01-610

Km

DOCS 9+10